

FORM
5A
Rev
06/12

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 892-2109



DE	ET	OE	ES
----	----	----	----

Document Number:
402263397

Date Received:

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: <u>10459</u>	4. Contact Name: <u>Elaine Winick</u>
2. Name of Operator: <u>EXTRACTION OIL & GAS INC</u>	Phone: <u>(970) 576-3461</u>
3. Address: <u>370 17TH STREET SUITE 5300</u>	Fax: <u>(970) 534-6001</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>ewinick@extractionog.com</u>

5. API Number <u>05-014-20747-00</u>	6. County: <u>BROOMFIELD</u>
7. Well Name: <u>Livingston</u>	Well Number: <u>S19-25-6N</u>
8. Location: QtrQtr: <u>NWSE</u> Section: <u>7</u> Township: <u>1S</u> Range: <u>68W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/02/2019 End Date: 12/20/2019 Date of First Production this formation: 04/18/2020
Perforations Top: 8589 Bottom: 20985 No. Holes: 1441 Hole size: 40/100

Provide a brief summary of the formation treatment: _____ Open Hole:

Frac'd Niobrara with 61 stage plug and perf:
12199975 total pounds proppant pumped: 12159805 pounds 40/70 mesh; 40170 pounds 30/50 mesh.
297018 total bbls fluid pumped: 271061 bbls gelled fluid; 25957 bbls fresh water and 0 bbls Acid.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): <u>297018</u>	Max pressure during treatment (psi): <u>9371</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.33</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.84</u>
Total acid used in treatment (bbl): <u>0</u>	Number of staged intervals: <u>61</u>
Recycled water used in treatment (bbl): <u>0</u>	Flowback volume recovered (bbl): <u>14834</u>
Fresh water used in treatment (bbl): <u>25957</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>12199975</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>04/27/2020</u>	Hours: <u>24</u>	Bbl oil: <u>528</u>	Mcf Gas: <u>1058</u>	Bbl H2O: <u>738</u>
Calculated 24 hour rate:	Bbl oil: <u>528</u>	Mcf Gas: <u>1058</u>	Bbl H2O: <u>738</u>	GOR: <u>2004</u>
Test Method: <u>flowing</u>	Casing PSI: <u>2848</u>	Tubing PSI: <u>2150</u>	Choke Size: <u>18/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1390</u>	API Gravity Oil: <u>52</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>8549</u>	Tbg setting date: <u>03/09/2020</u>	Packer Depth: _____	

Reason for Non-Production:

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

TPZ: 2386 FSL & 1976 FWL

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Elaine Winick
Title: Completions Tech Date: _____ Email: ewinick@extractionog.com

Attachment Check List

Att Doc Num	Name
402386632	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)